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APPLICANTS Yaron Keidar, Haifa, ISRAEL; Assaf Govari, Haifa, ISRAEL; Yitzhack Schwartz, Haifa, ISRAEL;				
** CONTINUING DATA ***** This application is a CIP of 10/277,079 10/21/2002 PAT 7,001,383				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 04/16/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance		STATE OR COUNTRY ISRAEL	SHEETS DRAWING 5	TOTAL CLAIMS 48
Verified and Acknowledged Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 4		
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TITLE PREDICTION AND ASSESSMENT OF ABLATION OF CARDIAC TISSUE				
FILING FEE RECEIVED 1490	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	